

Name in Full *Walter L. Adams*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

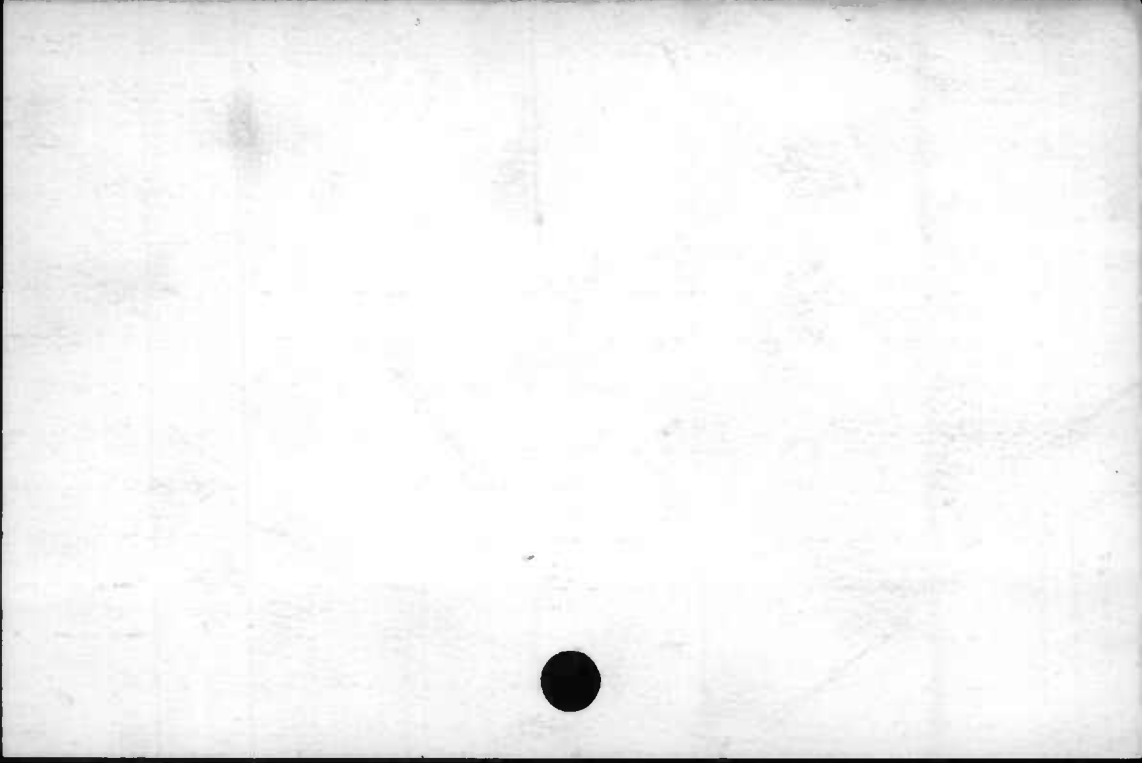
MARYLAND

Died at <i>Hutton</i> ^{Town}		<i>Garrett</i> ^{County}			
Date of death <i>1906</i>	<i>Dec</i> ^{Month}	<i>25</i> ^{Day}	Age <i>2</i> ^{Years}	<i>11</i> ^{Months}	<i></i> ^{Days}
Sex <i>Boy</i>		Color or Race <i>White</i>		Birthplace <i>Orlin</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Wm F Adams</i>		Father's Birthplace <i>White, W Va</i>			
Mother's Maiden Name <i>Laura J. Roy</i>		Mother's Birthplace <i>St George, W Va</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i> 93	How long	
Immediate	<i>Pneumonia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J E Offner</i>
		Address	<i>Orlin</i>
Accident or Suicide?			<i>W Va</i>



Name
in
Full

Caroline Bowers

CERTIFICATE OF DEATH

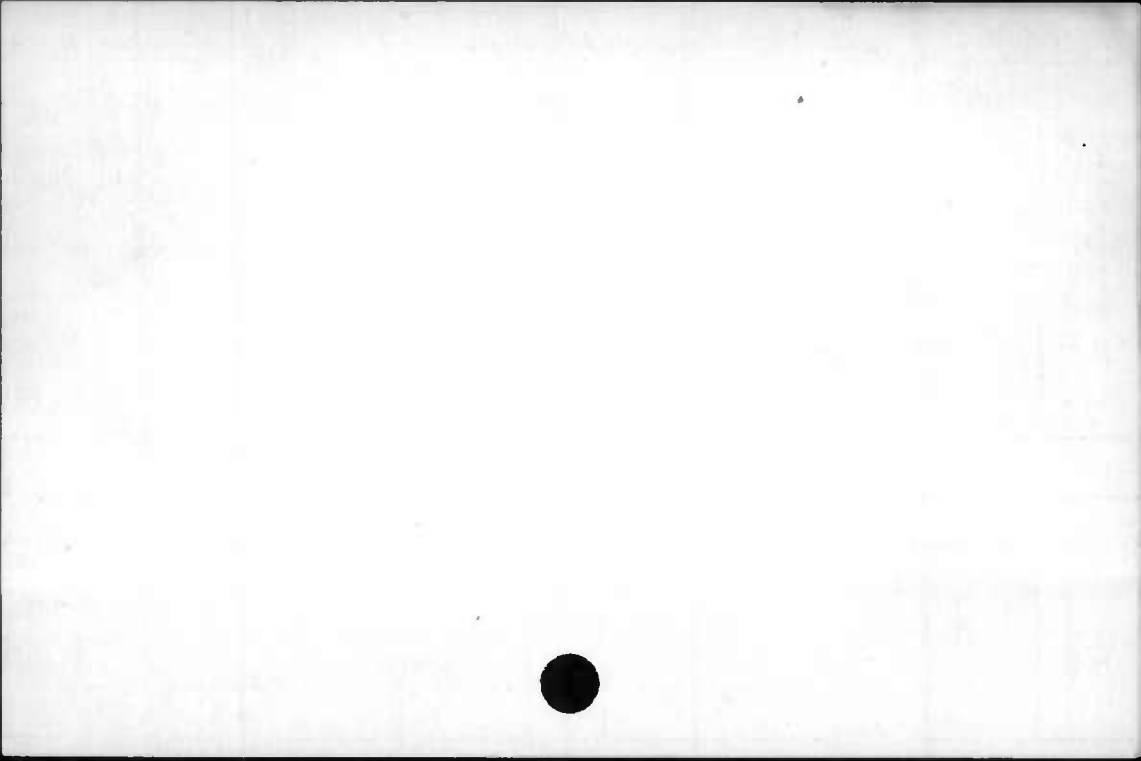
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Germany</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Month} <i>Dec</i> ^{Day} <i>9</i>	Age	<i>23</i> ^{Years}	Months	Days
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>William H Bowers</i>		
Father's Name	<i>Powell</i>			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	<i>Chas W Bowers</i>			How related to deceased <i>Brother-in-law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cystitis</i>	How long	<i>2 days</i>
Immediate	<i>Premature Labor</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H L Bevans</i>
		Address	<i>Granville Md</i>
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Germany</i>		Town <i>Custer</i>		County <i>Garrett</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Dec</i>	Day <i>12</i>	Age	Years	Months	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Levin Custer</i>	Fether's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Missile Warruck</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Chas W Bowers</i>	How related to deceased <i>None</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

*Don't Know**179*

How long

1

Immediate

Don't Know

How long

Are the name, age, sex, color, date and place correctly given above?

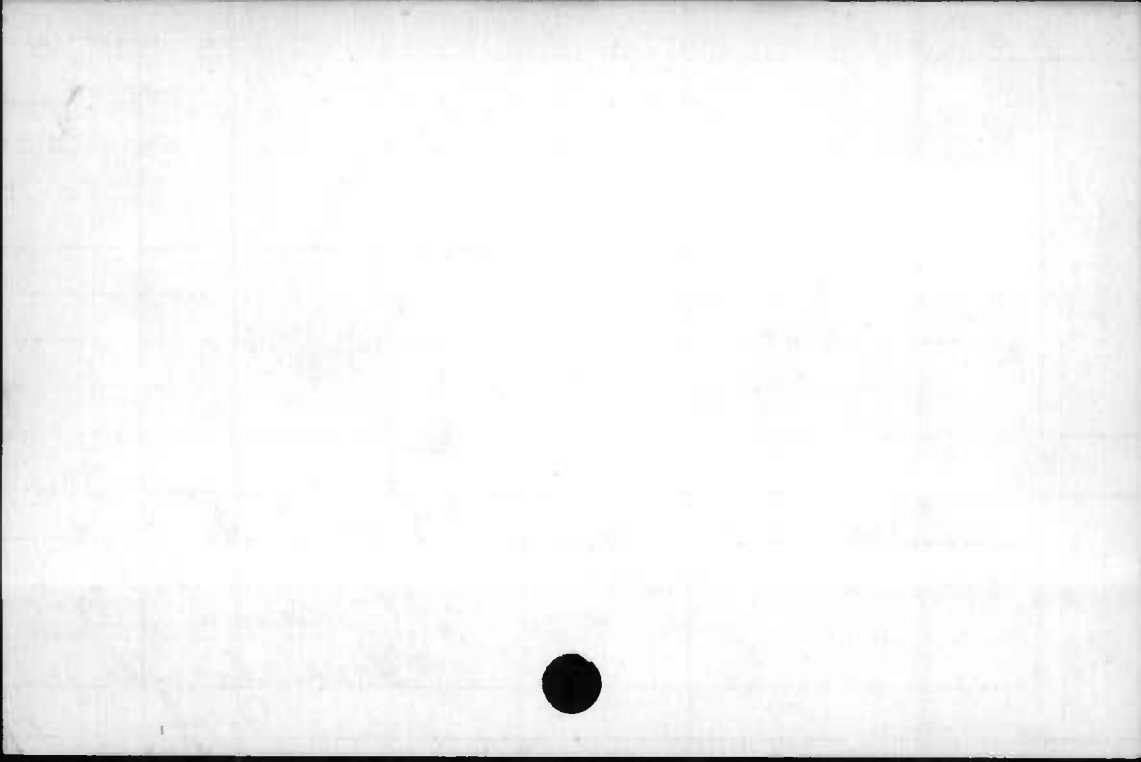
Yes

Signature of Physician

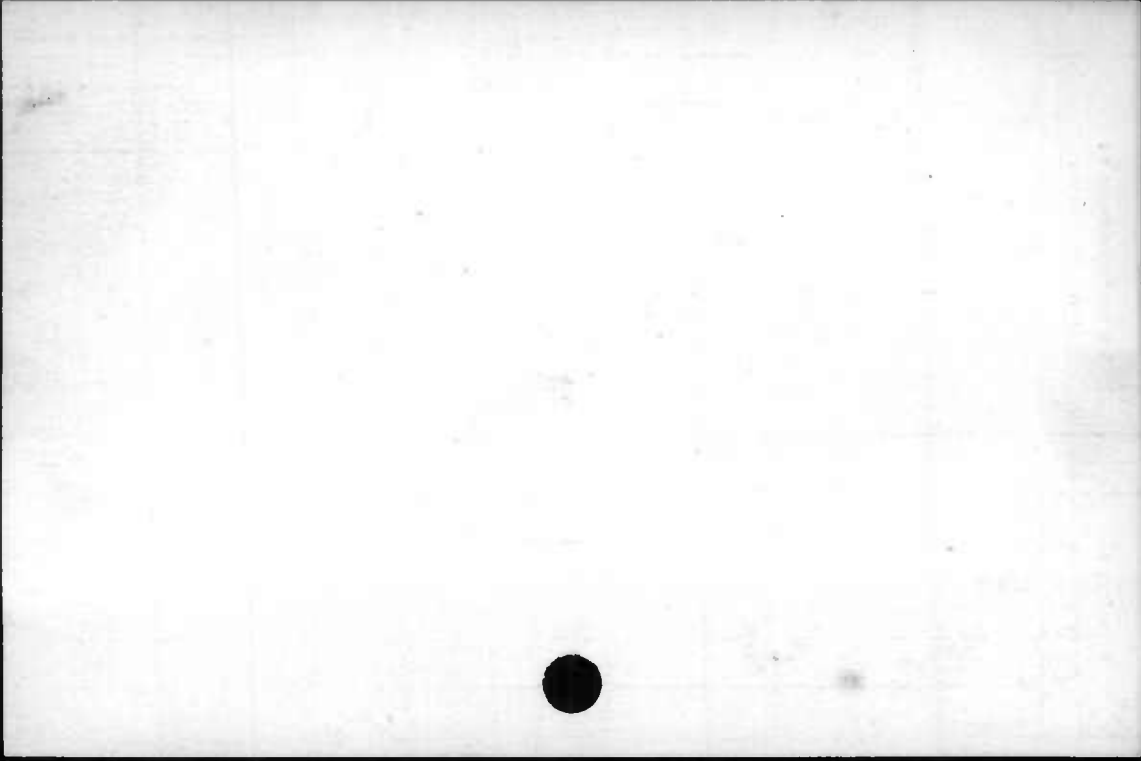
Address

*H. L. Bowers
Grantsville Md*

Accident or Suicide?



Name in Full		Hoster Leon Dixon				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Friendsville</i>		Town <i>Barrett</i>		County		MARYLAND
	Date of death <i>1904</i>	Month <i>Dec</i>	Day <i>11</i>	Age <i>—</i>	Years	Months <i>10</i>	Days <i>28</i>
	Sex <i>male</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>		
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Edwin Dixon</i>				Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Burtha L. Duke</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Edwin Dixon</i>				How related to deceased <i>Father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>		(93)		How long <i>5 days</i>		
	Immediate <i>"</i>				How long <i>"</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. J. Mason M.D.</i>		Address <i>Friendsville Ind.</i>		
	Accident or Suicide? <i>—</i>						



Name
in
Full

Emil Fredrick Droege

CERTIFICATE OF DEATH

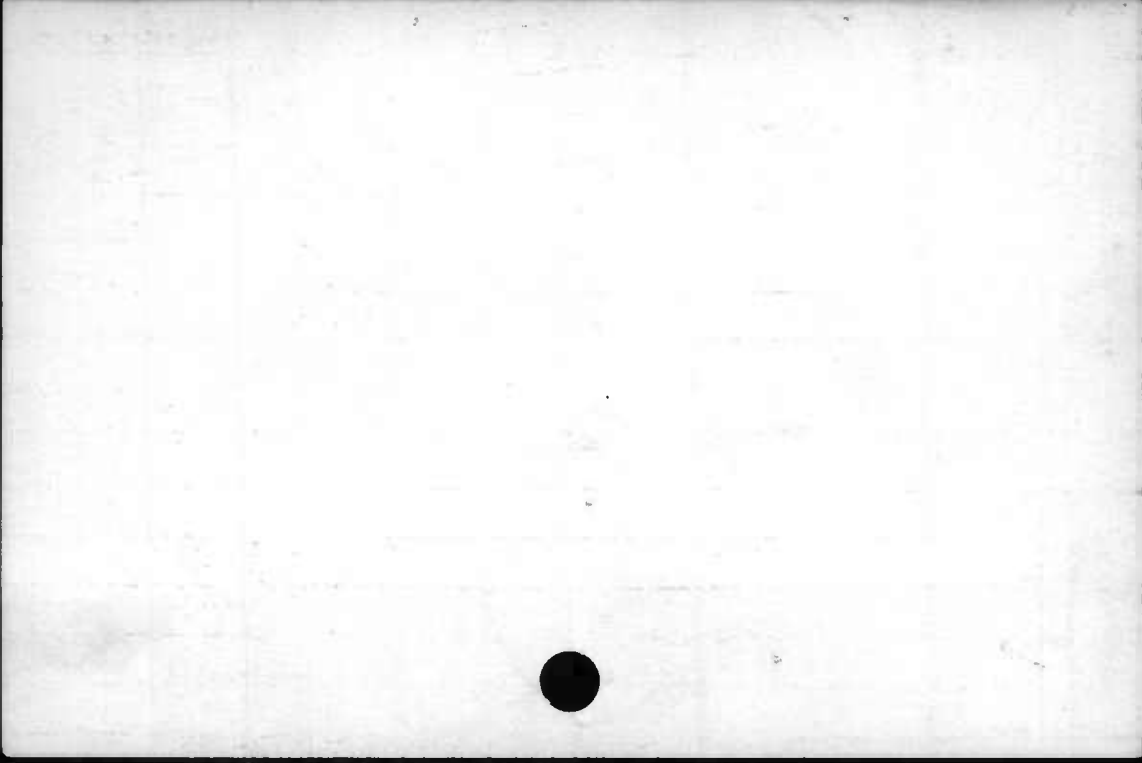
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Deer Park		County Garrett			
Date of death	1906	Month Dec	Day 26	Age Years	69	Months	8
Sex	Male		Color or Race	White		Birth- place	Germany
Occupation	Farming		Where Residing if not at place of death		Deer Park Ind		
Married, Single or Widowed	Married		Name of Wife or Husband	Mrs Emily P. E. Droege			
Father's Name	John A Droege		Father's Birthplace	Germany			
Mother's Maiden Name	Henrietta von Ruttel		Mother's Birthplace	Germany			
Name of person giving In formation	Mrs Emily Droege		How related to deceased	Wife			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cancer of liver	(40)	How long	659 mo -
	Immediate	Cancer of liver		How long	659 mo -
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. E. Cole
			Address	Deer Park Ind.	
Accident or Suicide?					



Name
in
Full

Mandana Savilla Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Floyd</u> Town			County <u>Garnett</u>			MARYLAND	
Date of death <u>1906</u>	Month <u>Dec.</u>	Day <u>13</u>	Age <u>3</u>	Years <u>3</u>	Months <u>9</u>	Days <u>27</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birthplace <u>Pa</u>			
Occupation <u>Infant Life</u>			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <u>Don't Know (Illegitimate)</u>				Father's Birthplace			
Mother's Maiden Name <u>Ida Kelly</u>				Mother's Birthplace <u>Pa</u>			
Name of person giving information <u>The Mother</u>				How related to deceased <u>mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cold</u>	How long <u>9</u>
Immediate <u>Diphtheritic Croup</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>G. J. Gumbaker M.D.</u>
	Address <u>Swanton</u>
Accident or Suicide? <u>No.</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John M. Miller*
Mill ^{Town} *run**Garrette* ^{County}Date of death *1906* ^{Month} *Dec*^{Day} *9*Age ^{Years} *79*^{Months} *9*^{Days} *24*Sex *Male*Color or
Race*White*Birth-
place*Preston M.D.*

Occupation

*Farmer*Where Residing If not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Marry Miller*Father's
Name*Jacob Miller*Father's
Birthplace*No*Mother's
Maiden Name*Marry M. Mass*Mother's
Birthplace*No*Name of person giving
In formation*Ed. Linton*How related
to deceased*Son born*

CAUSES OF DEATH

Primary

Stroke

How long

1 yr

Immediate

Old Age

How long

*1 yr*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*A. Mason MD
Frendville
Md.*

Accident or Suicide?

Frozen Ridge

Name
in
Full

CERTIFICATE OF DEATH

Agness M. Pendingash

Died at ^{Town} Hutton^{County} Garnett

MARYLAND

Date of death 190 ^{Month} 6 ^{Day} 27Age ^{Years} ✓^{Months} 3^{Days} 5Sex FemaleColor or Race WhiteBirthplace IndOccupation ✓Where Residing if not at place of death ✓Married, Single or Widowed ✓Name of Wife or Husband ✓Father's Name John F PendingashFather's Birthplace Garnett Co IndMother's Maiden Name Margaret A. Gant.Mother's Birthplace Garnett Co IndName of person giving information William R PendingashHow related to deceased Uncle

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Found dead in bed

Accident or Suicide?

Accident

Signature of Physician

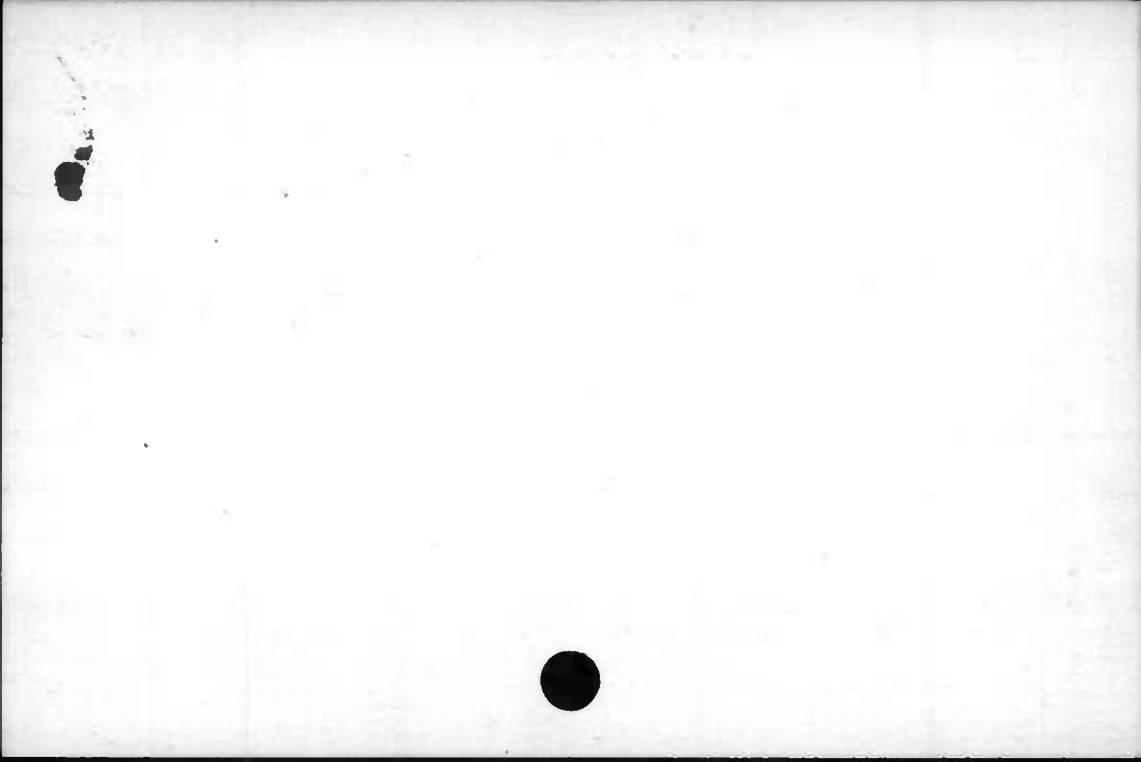
Address



How long

How long

? ShortJ. C. Offner
Corinth
W VaTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

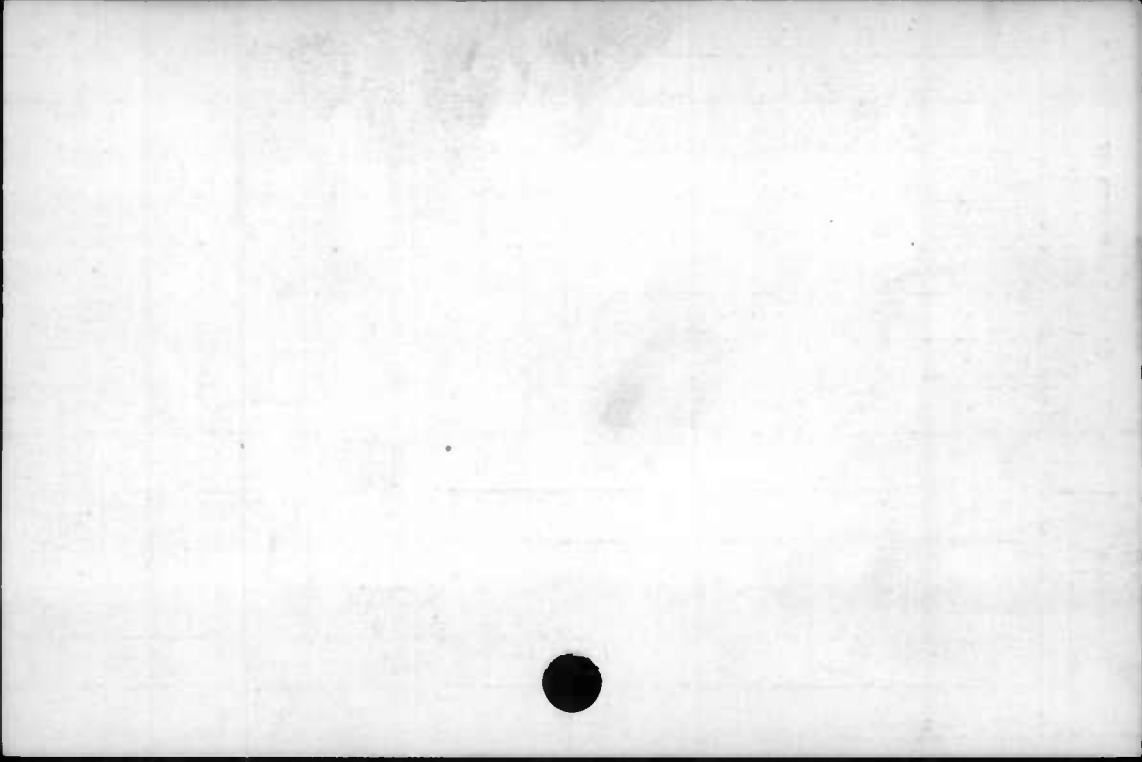
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wilson</u> ^{Town}		<u>Garrett</u> ^{County}		MARYLAND	
Date of death	1906	Month	10	Day	25
				Age	30
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation	House Wife	Where Residing if not at place of death			
Married, Single <u>or Widowed</u>		Name of Wife or Husband <u>Don't know</u>			
Father's Name		<u>Don't know</u>		Father's Birthplace	Va
Mother's Maiden Name				Mother's Birthplace	Va
Name of person giving information		<u>J W Gardner</u>		How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Injury</u>	How long	<u>7 days</u>
Immediate	<u>Septicemia</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. Gasenbaker</u>	
		Address	
Accident or Suicide?			



Name
in
Full

Clara M. Shultz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Kendal^{County} GarrettDate
of death 1906Month
DecDay
1

Age

Years
37Months
10

Days

Sex Female

Color or
Race WhiteBirth-
place Pa

Occupation House wife

Where Residing If not
at place of deathMarried, Single
or Widowed MarriedName of Wife or
Husband Edwin ShultzFather's
Name John B. LowryFather's
Birthplace PaMother's
Maiden Name MargaretMother's
Birthplace PaName of person giving
Information Edwin ShultzHow related
to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid fever

How long 20 days

Immediate Paralysis

How long 3 "

Are the name, age, sex, color, date
and place correctly given above? YesSignature of
Physician

Address

J. M. Mason, M.D.
Frederickville
Md

Accident or Suicide?

Sando Pateto Pa

Name
in
Full

Della Sorthen

CERTIFICATE OF DEATH

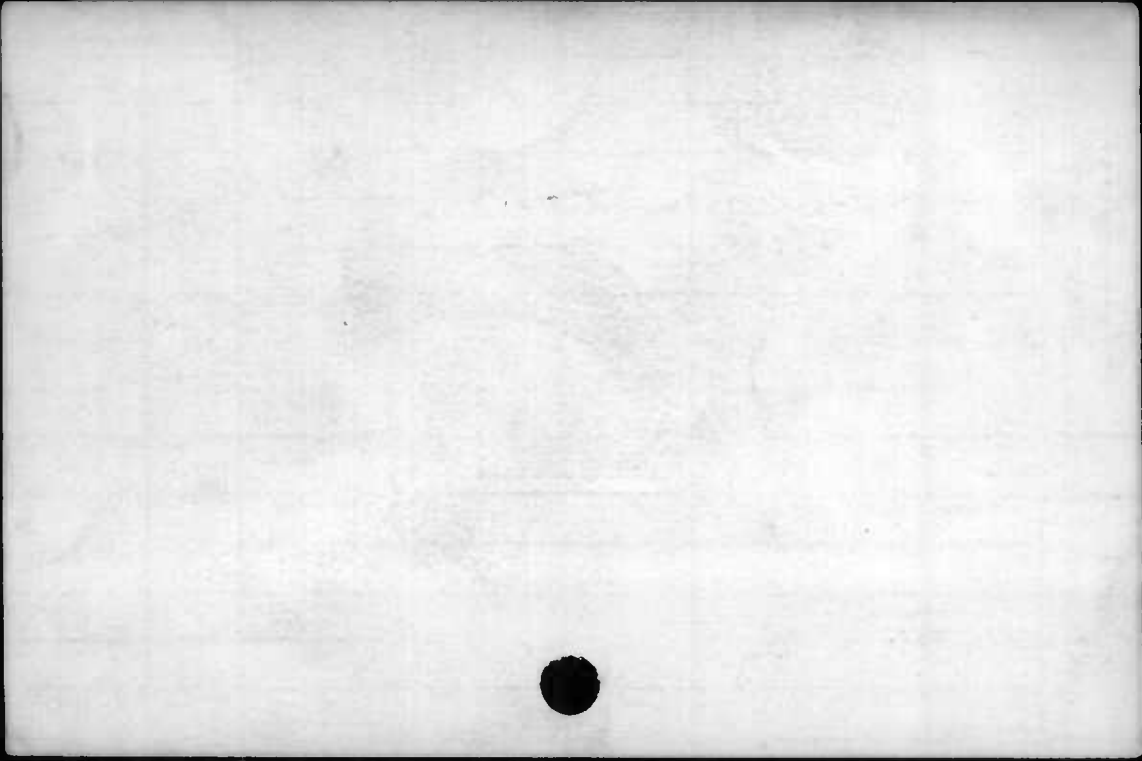
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gortner</i> ^{Town}			<i>Yanvier</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>27</i>	Age <i>12</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>			Birth-place <i>md</i>		
Occupation <i>Seam girl</i>			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name <i>Peter P Gortner</i>				Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Miss Beawble</i>				Mother's Birthplace <i>md</i>		
Name of person giving information <i>Gortner</i>				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>2 days</i>
Immediate <i>Membranous Oropharynx</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. C. Huebner</i>
	Address <i>Dorcas md</i>
Accident or Suicide?	



Name
in
Full

Elizabeth Stark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Accident* ^{County} *Garret* **MARYLAND**

Date of death 1906 ^{Month} *Dec* ^{Day} *20* Age ^{Years} *87* ^{Months} *2* ^{Days} *25*

Sex *Female* Color or Race *white* Birth-place *Germany*

Occupation *Domestic* Where Residing if not at place of death *Accident*

Married, Single or Widowed *Widow* Name of Wife or Husband *Adam Stark*

Father's Name *Don't know* Father's Birthplace *Don't know*

Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*

Name of person giving information *Edward Georg* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Smility* How long *154*

Immediate *Heart failure* How long *One week*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H.R. Bayer M.D.*

Address *Accident*

Accident or Suicide? *med*

